

**ATTACHMENT B
FIXED RATE BUDGET**

Contract Number: _____ Taxpayer ID#: _____

Agency: _____

Address: _____

Project Title: _____

Budget Period: _____ to _____

A	B	C	D
SERVICE DESCRIPTION	RATE PER UNIT	NUMBER OF UNITS (as applicable)	TOTAL COST (as applicable)
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____
_____	_____	X _____	= _____

MAXIMUM DHR FUNDING FOR BUDGET PERIOD (sum of column D or overall total, as applicable) _____

DHR USE ONLY

Approved for
Mathematical
Accuracy: _____

Assistance Payments, Finance Division

Date _____